

Medical Release & Permission Form

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Please print in ink. All information must be completed for youth 18 and under. We would also like it completed for the youth turning 18 in 2012/2013. This must be turned into the church office as soon as possible. All medications must be checked in with the youth staff upon arrival.

Name: _____ Age _____ Birthday _____
 LAST FIRST MIDDLE

Year in school _____ ☐ Male ☐ Female Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Pager / cell _____

Medical insurance company _____ Policy # _____

Mother's name _____ Phone: Home _____ Work _____

Father's name _____ Phone: Home _____ Work _____

Emergency contact _____ Phone: Home _____ Work _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

- For your child's safety and our knowledge, is your student a—
☐ good swimmer ☐ fair swimmer ☐ non-swimmer
- Does your child have allergies to—
☐ pollens ☐ medications ☐ food ☐ insect bites
- Does your child suffers from, or has ever experienced, or is being treated currently for any of the following:
☐ asthma ☐ epilepsy / seizure disorder ☐ heart trouble ☐ diabetes
☐ frequently upset stomach ☐ physical handicap
- Date of last tetanus shot: _____
- Does your child wear ☐ glasses ☐ contact lenses?
- Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

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RULES OF CONDUCT

The following information is to help you and the rest of the group make our ministry a friendly atmosphere for new people and visitors to feel welcome in to the group.

We expect each student of Relevant Youth Ministries to conform to these rules of conduct

1. **RESPECT one another, Staff, and adult leaders**
2. **No Possession or use of Alcohol, drugs, or tobacco**
3. **No Fighting, weapons, fireworks, or explosives**
4. **No offensive or immodest clothing (No bellies, Cleavage, or Undergarments showing).**
5. **No boys in girls sleeping quarters and no girls in boys sleeping quarters**
6. **No public displays of affection of any kind**
7. **Respect property**
8. **Respect and comply with event schedules**

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student Signature: _____ Date: _____

Activities may include, but are not limited to: Bus trips, cookouts, boating, water skiing, swimming, basketball, roller-skating, roller lading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, dancing downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth director prior to that event.*

_____ Has my permission to attend all youth activities
Name of student

Sponsored by Relevant Life Ministries (here in after the" Church") June 2012 TO June 2013

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Relevant Life Ministries and its staff of any liability against personal losses of named child. (Staff: Chris Richards and Terry Van Wyk).

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend Relevant Life Ministries Youth Events. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Relevant Life Ministries, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of all medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Relevant Life Ministries staff.

Parent/guardian signature: _____ Date: _____